



OHIO
UNIVERSITY

The Gladys W. and David H.
Patton College of Education

The OHIO Center for Clinical Practice in Education

MENTOR TEACHER'S FEE WAIVER FORM

APPLICATION FOR USE OF PERSONAL GRADUATE FEE WAIVER

Return completed form by email to: Dawn Mooney at mooneyd@ohio.edu

You must be admitted to Ohio University as a graduate student and registered for Patton College courses to receive a **graduate fee waiver**. Failing to officially register for the course(s) you request will cancel your graduate fee waiver. **NOTE:** Fee waivers can ONLY be used for graduate courses.

Name of Applicant: _____ PID # _____
Home Address: _____ Telephone Number: _____
E-mail: _____

School Name: _____ School District: _____
School Address: _____ Telephone Number: _____

Number of Graduate Fee Waivers Requested: _____

Semester/Year (i.e. Fall Semester 2021-22): _____ Campus: _____

Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____
Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____
Credits/Units: _____ Course Sub/Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____

APPLICANT'S SIGNATURE DATE

Do not complete this section; this section will be completed by the Patton College of Education
____ hours of graduate instructional fees totaling \$ _____ charged to 10-100000-130735-0000-10
____ hours of graduate general fees totaling \$ _____ charged to 10-100000-130735-0000-10